PERFORMANCE AUDIT
OF

MOUND CORRECTIONAL FACILITY

DEPARTMENT OF CORRECTIONS

July 2004

47-253-03

"...The auditor general shall conduct post audits of financial transactions and accounts of the state and of all branches, departments, offices, boards, commissions, agencies, authorities and institutions of the state established by this constitution or by law, and performance post audits thereof."

– Article IV, Section 53 of the Michigan Constitution

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REPORT SUMMARY

Performance Audit

Mound Correctional Facility

Department of Corrections

Report Number:
47-253-03

Released:
July 2004

Mound Correctional Facility, located in Wayne County, is under the jurisdiction of the Department of Corrections. The Facility's mission is to protect the public by providing a safe, secure, and humane environment for staff and prisoners. The Facility, which opened in 1994, is a medium security (level II) and a close security (level IV) facility for males, with a capacity of 1,051 prisoners. The Facility operates under policy directives and operating procedures established by the Department of Corrections as well as operating procedures that were developed by the Facility.

Audit Objective:
To assess the effectiveness of the Facility's safety and selected security operations.

Audit Conclusion:
We concluded that the Facility's safety and selected security operations were reasonably effective.

Reportable Conditions:
The Facility did not properly complete and monitor gate manifests to ensure that the movement of critical and dangerous items into and out of the Facility was properly controlled (Finding 1). The Facility needs to improve its control over critical and dangerous tools (Finding 2). The Facility did not conduct or properly document the completion of all security monitoring exercises (Finding 3). The Facility had not documented the completion of all required prisoner counts (Finding 4). The Facility did not ensure that corrections officers performed and documented the required number of prisoner shakedowns and cell searches (Finding 5). The Facility did not ensure that all corrections officers were recertified annually in the use of the firearms required for their positions (Finding 6). The Facility did not consistently retain documentation showing when drug tests were conducted for prisoners. Also, the Facility did not annually review its drug testing process (Finding 7). The Facility had not conducted or complied with documentation requirements for self-audits of all Department-selected policy directives (Finding 8). The Facility had not completed all required prisoner program evaluations for prisoners assigned to food service, education, and general work assignments (Finding 9). The Facility had not posted notice of telephone monitoring signs in English, Spanish, and Braille at all telephones used by prisoners (Finding 10).

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Audit Objective:
To assess the effectiveness and efficiency of the Facility's prisoner care and maintenance operations.

Audit Conclusion:
We concluded that the Facility's prisoner care and maintenance operations were reasonably effective and efficient.

Reportable Conditions:
The Facility did not comply with all Department policy directives for its fire safety operations (Finding 11). The Facility did not properly approve all food service menu changes. Also, the Facility did not perform all meal evaluations and daily sanitation inspections in accordance with Department policy directives and operating procedures (Finding 12). The Facility did not include all required systems in its preventive maintenance plan. Also, the Facility did not always document in its maintenance records when preventive maintenance was performed or when work orders were completed (Finding 13). The Facility did not perform and properly document all required weekly sanitation inspections (Finding 14). The Facility did not maintain documentation to support the accuracy of its prisoner store monthly financial statements. Also, the Facility did not ensure that it transferred the correct amount of prisoner store net profits to the prisoner benefit fund (Finding 15). The Facility did not maintain a register of savings bonds purchased on behalf of prisoners as required by its operating procedures (Finding 16). The Facility had not developed and implemented a system to identify, monitor, and timely dispose of prisoner debt (Finding 17).

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Audit Objective:
To assess the effectiveness of the Facility's management control in ensuring that payroll transactions were valid and accurate.

Audit Conclusion:
We concluded that the Facility's management control over payroll transactions was generally effective.

Reportable Condition:
The Facility did not always maintain appropriate documentation in employee files to support gross pay adjustment transactions (Finding 18).

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Agency Response:
Our audit report includes 18 findings and 22 corresponding recommendations. The Facility's preliminary response indicates that it agrees with the recommendations and has complied or will comply with them.

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Subsequent Event:
On January 2, 2004, a prisoner escaped from Mound Correctional Facility. The security weakness that allowed the escape to occur was related to conditions not within the scope of this performance audit.

A copy of the full report can be obtained by calling 517.334.8050 or by visiting our Web site at: http://audgen.michigan.gov

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THOMAS H. MCTAVISH, C.P.A.
AUDITOR GENERAL

July 22, 2004

Ms. Patricia L. Caruso, Director
Department of Corrections
Grandview Plaza
Lansing, Michigan

Dear Ms. Caruso:

This is our report on the performance audit of Mound Correctional Facility, Department of Corrections.

This report contains our report summary; description of the agency; audit objectives, scope, and methodology and agency responses; comments, findings, recommendations, and agency preliminary responses; a description of survey and summary of survey responses, presented as supplemental information; and a glossary of acronyms and terms.

Our comments, findings, and recommendations are organized by audit objective. The agency preliminary responses were taken from the agency's responses subsequent to our audit fieldwork. The *Michigan Compiled Laws* and administrative procedures require that the audited agency develop a formal response within 60 days after release of the audit report.

We appreciate the courtesy and cooperation extended to us during this audit.

Sincerely,

Thomas H. McTavish, C.P.A.
Auditor General

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DEPARTMENT OF CORRECTIONS

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Description of Agency

Mound Correctional Facility, located in Wayne County, is under the jurisdiction of the Department of Corrections. The warden, who is the chief administrative officer, is appointed by the Department director.

The deputy warden oversees custody (safety and security), housing, human resource development, and prisoner programs. The business office manager oversees the business office, physical plant, warehouse, and food service operations.

The Facility's mission* is to protect the public by providing a safe, secure, and humane environment for staff and prisoners. The Facility, which opened in 1994, is a medium security* (level II) and close security* (level IV) facility for males, with a capacity of 1,051 prisoners. The Facility housed 1,045 prisoners as of July 21, 2003. Prisoners are housed two to a cell within a secured, fenced perimeter that includes four gun towers staffed 24 hours per day and an armed response vehicle, which patrols the Facility's perimeter at select intervals.

For fiscal year 2001-02, Facility operating expenditures were approximately $26.5 million. As of August 21, 2003, the Facility had 337 employees.

** See glossary at end of report for definition.*

Audit Objectives, Scope, and Methodology and Agency Responses

Audit Objectives

Our performance audit* of Mound Correctional Facility, Department of Corrections, had the following objectives:

1. To assess the effectiveness* of the Facility's safety and selected security operations.

2. To assess the effectiveness and efficiency* of the Facility's prisoner care and maintenance operations.

3. To assess the effectiveness of the Facility's management control* in ensuring that payroll transactions were valid and accurate.

Audit Scope

Our audit scope was to examine the program and other records of Mound Correctional Facility. Our audit was conducted in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States and, accordingly, included such tests of the records and such other auditing procedures as we considered necessary in the circumstances.

Audit Methodology

Our audit procedures, conducted from June through August 2003, included examination of Facility records and activities for the period October 2000 through August 2003.

To establish our audit objectives and to gain an understanding of Facility activities, we conducted a preliminary review of Facility operations. This included discussions with various Facility staff regarding their functions and responsibilities and examination of program records, Department policy directives, and Department and Facility operating procedures. In addition, we reviewed self-audits, monthly reports to the warden,

* *See glossary at end of report for definition.*

community liaison committee meeting minutes, and an evaluation report of the Commission on Accreditation for Corrections of the American Correctional Association. We also reviewed Department internal audit reports for selected operations.

To assess the effectiveness of the Facility's safety and selected security operations, we conducted tests of records related to firearm inventories and employee firearm qualifications. Also, we examined records related to employee training; medication control; drug testing; prisoner, cell, and employee searches; and accounting for prisoners. On a test basis, we inventoried keys, critical tools*, and dangerous tools*. In addition, we reviewed security monitoring exercises, visitor safety, telephone monitoring systems, and documentation of items taken into and out of the Facility.

To assess the effectiveness and efficiency of the Facility's prisoner care and maintenance operations, we conducted tests of records and reviewed preventive maintenance, disaster management, inventory controls, fire safety procedures, emergency backup tests, food service operations, and prisoner care. Also, we analyzed prisoner store financial information and inventory controls over the prisoner funds accounting system.

To assess the effectiveness of the Facility's management control in ensuring that payroll transactions were valid and accurate, we reviewed documentation for gross pay adjustment transactions.

In addition, we conducted a survey (see supplemental information) requesting input from certain individuals and businesses regarding their association with the Facility.

Subsequent Event

On January 2, 2004, a prisoner escaped from Mound Correctional Facility. The security weakness that allowed the escape to occur was related to conditions not within the scope of this performance audit.

Agency Responses

Our audit report includes 18 findings and 22 corresponding recommendations. The Facility's preliminary response indicates that it agrees with the recommendations and has complied or will comply with them.

** See glossary at end of report for definition.*

The agency preliminary response that follows each recommendation in our report was taken from the agency's written comments and oral discussions subsequent to our audit fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and Department of Management and Budget Administrative Guide procedure 1280.02 require the Department of Corrections to develop a formal response to our audit findings and recommendations within 60 days after release of the audit report.

COMMENTS, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

SAFETY AND SECURITY OPERATIONS

COMMENT

Background: Mound Correctional Facility operates under policy directives and operating procedures established by the Department of Corrections as well as operating procedures that were developed by the Facility. Department policy directives and Department and Facility operating procedures have been implemented to help ensure the security of keys, tools, and firearms. Corrections officers conduct periodic searches of prisoners, housing units, and prisoner belongings to detect contraband*. All visitors must register when entering the Facility and are subject to being searched. Department policy directives provide for periodic random searches of employees entering and exiting the Facility.

Audit Objective: To assess the effectiveness of the Facility's safety and selected security operations.

Conclusion: We concluded that the Facility's safety and selected security operations were reasonably effective. However, we noted reportable conditions* related to gate manifests*, tool control, security monitoring exercises, prisoner counts, prisoner shakedowns* and cell searches*, firearms qualifications, drug testing, self-audits, prisoner program evaluations, and telephone monitoring notification (Findings 1 through 10).

FINDING

1. **Gate Manifests**

   Mound Correctional Facility did not properly complete and monitor gate manifests to ensure that the movement of critical and dangerous items into and out of the Facility was properly controlled.

   Properly completing and monitoring gate manifests contributes to the safety of staff and prisoners and reduces the risk of critical and dangerous items being left inside the Facility.

   Our review of the controls over gate manifests at the Facility for the periods December 1, 2002 through December 14, 2002 and June 15, 2003 through

* *See glossary at end of report for definition.*

June 28, 2003 disclosed that 82 (59%) of the 139 total manifests had critical omissions, with several having multiple critical omissions. We noted, for example, that 18 manifests omitted the name of the individual carrying items back through the gate, 16 manifests did not indicate the name of the individual completing the manifest, 14 manifests did not indicate which gate the items were taken through, 11 manifests did not indicate whether the item was entering or leaving the prison, 4 manifests omitted the name of the individual carrying items into the facility, 2 manifests did not indicate the destination of the items on the manifest, 1 manifest did not have an authorized signature, and 1 manifest did not have the date recorded. In addition, 33 of the pre-numbered gate manifests documented in the logbook could not be located.

Facility operating procedure 04.04.100-S requires gate manifests to include a complete description of transported items, authorized approval, an inspection by a gate officer, and a verification of items returned through the gates. Gate manifests provide a record of items (critical and dangerous tools, supplies, materials, etc.) entering and leaving the Facility and are used to control and prevent the introduction of contraband and the theft of State property from the Facility.

RECOMMENDATION

We recommend that Mound Correctional Facility properly complete and monitor gate manifests to ensure that the movement of critical and dangerous items into and out of the Facility is properly controlled.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied by instituting necessary changes in the monitoring procedure. The shift commander on the night shift will review the forms and identify any manifests that are missing daily. Any discrepancies will be reported to the assistant deputy warden's office.

FINDING

2. Tool Control

Mound Correctional Facility needs to improve its control over critical and dangerous tools.

Proper control over the tool inventory helps ensure that all critical and dangerous tools are accounted for and that any lost or missing tools are detected and recovered in a timely manner. Accounting for tools and recovering missing tools in a timely manner helps ensure the safety and security of staff and prisoners.

Department policy directive 04.04.120 requires the tool control officer to maintain a complete, up-to-date master tool inventory listing; to mark each tool with an etching tool; and to color-code each tool with a band of colored paint.

Our review of the control process in 3 tool storage areas disclosed:

a. Nine tools in the maintenance tool crib and 1 tool in the arsenal were not included on the master tool inventory list. Also, the physical count of 6 tools in the dental area did not agree with the master tool inventory list. Further, 4 of the tools from the maintenance tool crib and all 6 of the tools from the dental area that were not included on the master tool inventory listing were classified as critical tools.

b. Eleven tools in the maintenance tool crib and 1 tool in the arsenal either were not color-coded or were incorrectly color-coded. Also, 3 of the improperly color-coded tools in the maintenance tool crib and the 1 in the arsenal were classified as critical tools.

c. Identification numbers for 14 tools in the maintenance tool crib and 1 tool in the arsenal were either not etched on the tool or the etched identification number on the tool did not agree with the master tool inventory list. In addition, 2 of the improperly etched tools in the maintenance tool crib were classified as critical tools.

RECOMMENDATION

We recommend that Mound Correctional Facility improve its control over critical and dangerous tools.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied by correcting the master tool inventory list, properly etching the tools, and properly color-coding the tools. The most recent annual tool control audit was completed in July 2003.

FINDING

3. Security Monitoring Exercises

Mound Correctional Facility did not conduct or properly document the completion of all security monitoring exercises.

Conducting the required exercises helps to ensure that corrections officers are adequately trained in critical security measures. Documenting the completion of security monitoring exercises provides assurance that corrections officers actually received the intended training.

Facility operating procedure 04.04.100-P requires corrections officers to conduct security monitoring exercises at least monthly, but officers are not limited to one per month. The procedure requires that corrections officers develop the exercises and that the deputy warden approve the exercises. Security monitoring exercises are developed to test the effectiveness of established procedures and the alertness of corrections officers by simulating the condition, behavior, or emergency that the procedures were designed to prevent or control.

The Facility's security monitoring exercise records for December 2002 showed that the Facility completed only 36 (34%) of the 106 required exercises.

RECOMMENDATION

We recommend that Mound Correctional Facility conduct and properly document the completion of all security monitoring exercises.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and will comply. The Facility inspector will ensure that the required number of security monitoring exercises are conducted and documented. Although the Facility does not agree with the required number of exercises cited in the finding, it does acknowledge that the required frequency and applicability of the exercises was not always documented. The Facility's review disclosed that the required number of exercises for the month of December 2002 was 66. The Facility inspector will ensure that the required frequency and applicability of each exercise is documented.

FINDING

4. Prisoner Counts

Mound Correctional Facility had not documented the completion of all required prisoner counts.

Documentation provides assurance that security measures are being performed in accordance with Facility operating procedures.

The Facility had documentation for only 22 (26%) of the 84 required prisoner count sheets for the weeks ended September 14, 2002 and May 24, 2003.

Facility operating procedure 04.04.101-A requires six formal counts to be completed each day. Also, the Department's retention and disposal schedule requires prisoner count documentation to be retained for three years.

Prisoner count sheets are essential to verify the formal count totals because the count sheets are the supporting documentation for the daily count report.

RECOMMENDATION

We recommend that Mound Correctional Facility document the completion of all required prisoner counts.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied by ensuring that all count slips and formal count verification sheets are retained for three years in accordance with the retention and disposal schedule. The logbooks maintained by the control center, the housing units, and other areas for the audited period show that the required prisoner counts were taken.

FINDING

5. Prisoner Shakedowns and Cell Searches

Mound Correctional Facility did not ensure that corrections officers performed and documented the required number of prisoner shakedowns and cell searches.

Conducting the required number of prisoner shakedowns and cell searches improves a facility's likelihood of detecting and confiscating contraband and improves the safety and security of staff and prisoners.

Our review of prisoner shakedown and cell search records disclosed:

a. Corrections officers documented that 1,165 (16%) of the required 7,320 prisoner shakedowns were performed in January and April 2003.

b. Resident unit officers documented that 699 (16%) of the required 4,392 cell searches were performed in January and April 2003.

Department policy directive 04.04.110 requires nonhousing unit corrections officers and corrections medical aides with direct prisoner contact to perform five prisoner shakedowns per day. Also, all resident unit officers, except the night shift, are required to perform a minimum of three cell searches per day. The policy also requires that facilities document prisoner shakedowns and cell searches in the appropriate logbook. In addition, the Department's retention and disposal schedule requires that shakedown reports be retained for one year.

RECOMMENDATION

We recommend that Mound Correctional Facility ensure that corrections officers perform and document the required number of prisoner shakedowns and cell searches.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied by changing the documentation retention practice. The prisoner shakedown and cell search records for housing unit staff will be stored in each housing unit after the records have been reviewed by the assistant deputy warden of operations. The prisoner shakedown records for nonhousing unit staff will also be reviewed by the assistant deputy warden of operations and forwarded for retention.

FINDING

6. Firearms Qualifications

Mound Correctional Facility did not ensure that all corrections officers were recertified annually in the use of the firearms required for their positions.

Proper maintenance of firearms certifications for all assignments is essential to help ensure the safety and security of staff and prisoners.

Our review of documentation for firearms qualifications and daily assignments of corrections officers for 16 days during June 2003 disclosed that shift commanders assigned 14 officers to tower post assignments that could have required the use of a firearm for which officers had expired firearm qualifications.

Department policy directive 03.03.100 requires that corrections officers must be recertified annually in the use of handguns, shotguns, or rifles prior to being issued these firearms. Corrections officers who may be assigned to the mobilization squad, emergency response team*, gun tower, perimeter security vehicle, ground post, information desk, or transportation detail must be annually recertified in the use of the firearms required for the assignments.

RECOMMENDATION

We recommend that Mound Correctional Facility ensure that all corrections officers are recertified annually in the use of the firearms required for their positions.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and will ensure that corrections officers are recertified annually. A review of the audit results revealed that staff were using outdated qualification lists and there were actually only two incidents of corrections officers being assigned without proper qualifications. Updated lists will be distributed quarterly by the human resources developer to all shift commanders.

* *See glossary at end of report for definition.*

FINDING

7. Drug Testing

Mound Correctional Facility did not consistently retain documentation showing when drug tests were conducted for prisoners. Also, the Facility did not annually review its drug testing process.

Documenting and periodically reviewing the drug testing process helps ensure that all drug tests are being performed and that problem areas are identified and resolved in a timely manner.

Our review of the Facility's prisoner drug testing process disclosed:

a. The Facility could not provide documentation for the random drug test reports or retest reports for the three-month period January through March 2003. Thus, for the prisoner files we examined, we could not determine if the prisoners were tested or retested as appropriate.

   Department operating procedure 03.03.115 requires the prisons to retain random drug test reports and re-test reports for one year. It also requires prisons to conduct drug tests within 12 hours of receiving the random sample list from the Department.

b. The Facility did not review its drug testing process during the period October 2000 through August 2003.

   Procedure 03.03.115 requires prisons to review annually the entire drug testing process to ensure that it was implemented in conformance with policy and procedures.

RECOMMENDATIONS

We recommend that Mound Correctional Facility consistently retain documentation showing when drug tests are conducted for prisoners.

We also recommend that Mound Correctional Facility annually review its drug testing process.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility inspector is retaining the documents for the required one-year period. In addition, the Facility inspector will ensure that the process is audited annually as required.

FINDING

8. Self-Audits

Mound Correctional Facility had not conducted or complied with documentation requirements for self-audits of all Department-selected policy directives.

Properly conducting and documenting self-audits enables management to identify potential areas of improvement within the Facility.

Our review of self-audits for calendar years 2001 and 2002 disclosed that self-audits were not being completed on a regular basis:

a. The Facility conducted only 22 (76%) of the 29 required self-audits.

b. The Facility did not fully comply with the documentation requirements for all self-audits. Of the 6 self-audits that we reviewed for which critical incidences of noncompliance were noted, 1 (17%) did not identify accompanying weaknesses and recommendations. In addition, of the 5 self-audits that identified weaknesses and recommendations, 1 (20%) did not follow up and verify that the Facility complied with all proposed recommendations.

Department policy directive 01.05.100 requires that the Department director annually select policy directives that each correctional facility must self-audit. In addition, each warden shall select at least five additional policy directives that he/she feels should be reviewed.

RECOMMENDATION

We recommend that Mound Correctional Facility conduct and comply with documentation requirements for self-audits of all Department-selected policy directives.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and will comply by ensuring that staff conduct self-audits in accordance with the Department's self-audit training manual.

FINDING

9. Prisoner Program Evaluations

Mound Correctional Facility had not completed all required prisoner program evaluations for prisoners assigned to food service, education, and general work assignments.

The timely preparation of prisoner program evaluations helps ensure that prisoners are properly placed in programs and helps determine if prisoners are performing their assignments at a satisfactory or average status as required by policy.

Our review of 21 prisoner files for the period October 2000 through August 2003 disclosed:

a. Nine (12%) of the 76 required program evaluations for 3 prisoners on food service assignments were not available.

b. Four (16%) of the 25 required program evaluations for 3 prisoners on education assignments were not available.

c. Ten (23%) of the 44 required program evaluations for 15 prisoners on general work assignments were not available.

Department policy directive 05.01.100 requires prisoners on food service assignments to be evaluated every 30 days, prisoners on education assignments to be evaluated every 90 days, and prisoners on general work assignments to be evaluated every six months, along with an initial review after 60 days.

RECOMMENDATION

We recommend that Mound Correctional Facility complete all required prisoner program evaluations for prisoners assigned to food service, education, and general work assignments.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied by developing a computer program for the classification director to identify when work evaluations are due for each prisoner. The academic school now uses a similar computer program to identify when academic program evaluations are due.

FINDING

10. Telephone Monitoring Notification

Mound Correctional Facility had not posted notice of telephone monitoring signs in English, Spanish, and Braille at all telephones used by prisoners.

Telephone monitoring notifications help protect the Department's rights to use information gathered from such monitoring.

None of the 38 telephones located in the housing units and yards had signs posted in English, Spanish, and Braille stating that all calls were being recorded and may be listened to.

Department policy directive 05.03.130 regarding prisoner telephone use states that the warden shall ensure that notice of telephone monitoring signs in English, Spanish, and Braille are posted on or beside each telephone designated for prisoner use. In addition, the policy directive states that the signs shall remain posted at all times and shall be immediately replaced if stolen or defaced.

RECOMMENDATION

We recommend that Mound Correctional Facility post notice of telephone monitoring signs in English, Spanish, and Braille at all telephones used by prisoners.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The signs were ordered and have been received at the Facility. The Facility will ensure that the signs are posted on, or adjacent to, each telephone used by prisoners.

PRISONER CARE AND MAINTENANCE OPERATIONS

COMMENT

Background: Mound Correctional Facility is responsible for providing a safe, secure, and humane environment for staff and prisoners. To facilitate the providing of such an environment, the Department and Facility have developed procedures for preventive maintenance, disaster planning, fire safety, food service activities, prisoner accounting, and prisoner store operations.

Audit Objective: To assess the effectiveness and efficiency of the Facility's prisoner care and maintenance operations.

Conclusion: We concluded that the Facility's prisoner care and maintenance operations were reasonably effective and efficient. However, we noted reportable conditions related to fire safety, food service, preventive maintenance, weekly sanitation inspections, financial statements, prisoner bonds, and prisoner debt (Findings 11 through 17).

FINDING

11. Fire Safety

Mound Correctional Facility did not comply with all policy directives and operating procedures for its fire safety operations.

Ensuring that the Facility adheres to all policy directives and operating procedures for fire safety, including requirements for fire safety inspections, self-contained breathing apparatus (SCBA) testing, fire and emergency keys, fire evacuation drills, and the fire safety operations plan, helps ensure the safety of visitors, staff, and prisoners.

Our review of the Facility's fire safety operations disclosed:

a. Fire Safety Inspections

The Facility had not conducted 188 (23%) of the required 816 weekly inspections for calendar year 2002. Of the 188 inspections not conducted, 100 were for the housing units and 88 were for the quartermaster's area, programs building, and maintenance warehouse.

Department policy directive 04.03.120 mandates weekly fire safety inspections of all areas within the facility and immediate corrective measures for any life-threatening violations.

b. SCBA Testing

The Facility did not have its SCBAs hydrostatically tested as specified by the manufacturer.

Facility operating procedure 04.03.120-M requires that maintenance staff hydrostatically test all SCBA within periods specified by the manufacturer.

c. Fire and Emergency Keys

Two keys in two housing units were not properly identified, one key that opened the doors to all the cells at one time for evacuations did not work, the food service assistant did not have gate keys to be able to open security gates during an evacuation, and many corrections officers were not able to identify the fire keys.

To provide for the safety and protection of staff and prisoners, it is important for the Facility to ensure that all fire and emergency keys work properly, that they are individually identified, and that all corrections officers are trained to identify which keys are for fire and emergencies.

d. Fire Evacuation Drills

The Facility had not conducted 28 (33%) of the 84 required quarterly fire drills per documentation maintained by the prison for fiscal year 2001-02.

Department policy directive 04.03.120 requires that the prisons conduct quarterly fire evacuation drills at all locations on shifts that are normally occupied by staff or prisoners.

e. Fire Safety Operations Plan

The Facility's fire safety operations plan did not include emergency telephone numbers for the warden, deputy warden, and fire safety inspector. Also, the plan did not include the Facility's contractor that serviced the fire protection equipment. In addition, the plan included details regarding fire hoses; however, the Facility did not have fire hoses.

Current and readily available emergency contact information is essential for managing emergency situations.

RECOMMENDATION

We recommend that Mound Correctional Facility comply with all policy directives and operating procedures for its fire safety operations.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has taken corrective measures regarding fire safety standards dating back to the completion of the audit. Weekly fire inspection reports for all areas within the Facility are now tracked using a spreadsheet. SCBA equipment will be properly tested and maintained. All fire keys and emergency keys have been tested by the locksmith, necessary replacement keys were issued, and staff are routinely trained regarding the keys. The fire safety officer has designated specific supervisors to conduct the required number of fire evacuation drills. The fire safety operations plan will be updated and a procedural change will allow for timely updates of necessary telephone numbers.

FINDING

12. Food Service

Mound Correctional Facility did not properly approve all food service menu changes. Also, the Facility did not perform all meal evaluations and daily sanitation inspections in accordance with Department policy directives and operating procedures.

Compliance with Department policy directives and operating procedures related to food service menu changes, meal evaluations, and daily sanitation inspections provides assurance that staff and the prisoner population are not unnecessarily subjected to communicable diseases or food-borne illness caused by unsanitary conditions.

Our review of the Facility's food service operations disclosed:

a. Menu Changes

The Facility could not provide documentation of the food service director's approval for 71 menu changes during May 2003.

Department policy directive 04.07.100 requires that the food service director or designee approve all changes to the regular menu.

Documentation for all menu changes and substitutions helps ensure accountability for food costs and compliance with required nutritional standards.

b. Meal Evaluations

The Facility had not documented 44 (73%) of the 60 required meal evaluations for June 2003.

Department policy directive 04.07.102 requires meal evaluations to be performed and documented at least 30 minutes prior to serving the meals.

Documentation of meal evaluations helps the Facility ensure that the food served meets required standards.

c. Daily Sanitation Inspections

The Facility had not documented 19 (32%) of the 60 required assistant food service director's inspections for June 2003.

Department operating procedure 04.07.103 requires that the assistant food service director conduct and review daily sanitation inspections of the food service area and of prisoner food service staff.

These inspections help ensure that the food service area is not sanitarily deficient and that the workers are free from contagious illnesses and open wounds.

RECOMMENDATIONS

We recommend that Mound Correctional Facility properly approve all food service menu changes.

We also recommend that Mound Correctional Facility perform all meal evaluations and daily sanitation inspections in accordance with Department policy directives and operating procedures.

AGENCY PRELIMINARY RESPONSE

The Facility agrees. Prior to the completion of the audit, the Facility informed us that it implemented changes in the warehouse delivery system which should minimize the need for changes to the menu. All menu changes will be approved by the assistant food service director. The Facility has also designated staff and prisoners to ensure that food quality testing is completed in accordance with the applicable policy directive. In addition, the assistant food service director will also review each sanitation report and the food service director will review menu changes, food service quality, testing documentation, and sanitation reports on a biweekly basis.

FINDING

13. Preventive Maintenance

Mound Correctional Facility did not include all required systems in its preventive maintenance plan. Also, the Facility did not always document in its maintenance records when preventive maintenance was performed or when work orders were completed.

The documented completion of all scheduled preventive maintenance and safety inspections and work orders is necessary to reduce the risk of equipment or system failures. Also, these inspections may help the prison identify potential safety and security hazards to visitors, staff, and prisoners.

Our review of the Facility's preventive maintenance plan and other maintenance records disclosed:

a. The sewage and storm water systems, waste material and storage, and health services equipment were not included in the preventive maintenance plan.

b. Documentation was not available for 27 (25%) of 110 required quarterly inspections from October 2000 through June 2003 in the following areas: air handling units, cell doors, doors (except cell), lighting, overhead doors, plumbing, refrigeration, washers and dryers, and security fences and security zones.

c. Work orders documented as active in July 2003 included 34 work orders that were listed as outstanding from April 2003. Upon further review, 21 (62%) of these work orders had been completed as early as April and May 2003.

Department policy directive 04.03.100 provides that each prison develop a preventive maintenance plan to ensure that all prison systems and equipment are functioning properly. The preventive maintenance plan is to be designed to provide for consistent inspections, investigations, and coordinated repairs with the intent of minimizing equipment failures and breakdowns. Preventive maintenance is accomplished by periodic, planned inspections. The policy directive identifies each prison system that should be included in the preventive maintenance plan. In addition, the directive states that the maintenance department shall develop inspection checklists, logs, or computer software to facilitate monitoring and to document maintenance activities.

RECOMMENDATIONS

We recommend that Mound Correctional Facility include all required systems in its preventive maintenance plan.

We also recommend that Mound Correctional Facility always document in its maintenance records when preventive maintenance is performed or when work orders are completed.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The sewage and storm water systems, waste material and storage, and health services equipment have been added to the plan. In addition, the Facility has established a weekly closeout system to ensure prompt follow-up and recordkeeping of work and a quarterly closeout system to ensure proper documentation of quarterly inspections.

FINDING

14. Weekly Sanitation Inspections

Mound Correctional Facility did not perform and properly document all required weekly sanitation inspections.

Regular formalized inspections of facility buildings and grounds are essential to ensure good sanitation and housekeeping practices. Clean and sanitary conditions in a facility occur as a result of well-planned and organized cleaning procedures established and monitored by management staff.

Documentation of the Facility's weekly sanitation inspections for June 2002 and June 2003 for 5 housing units, the health care area, and the maintenance area supported the completion of only 36 (64%) of the required 56 weekly sanitation inspections.

Department policy directive 04.03.102 requires the wardens to ensure that qualified inspectors inspect all facility buildings and grounds for good sanitation and housekeeping practices at least weekly.

RECOMMENDATION

We recommend that Mound Correctional Facility perform and properly document all required weekly sanitation inspections.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has taken steps to comply. Inspection reports are forwarded to the Facility inspector's office. All received reports are recorded and any missing reports are requested on a biweekly basis. Reported deficiencies are addressed on a weekly basis.

FINDING

15. Financial Statements

Mound Correctional Facility did not maintain documentation to support the accuracy of its prisoner store monthly financial statements. Also, the Facility did not ensure that it transferred the correct amount of prisoner store net profits to the prisoner benefit fund.

Because the Facility did not maintain documentation to support the accuracy of all financial statements, it could not ensure that the prisoner store had transferred the appropriate amount to the prisoner benefit fund. In addition, the Facility could not provide support that prisoner store profits did not exceed 8%.

We reviewed monthly prisoner store and prisoner benefit fund financial statements for the fiscal year ended September 30, 2003. Our review disclosed more than one profit and loss statement for October 2002, February 2003, and March 2003, which showed different amounts for net income. Also, the Facility could not provide documentation that these profit and loss statements were reconciled with the State's accounting system as required by Department policy.

Department policy directive 04.02.130 requires that the facilities prepare monthly profit and loss statements and balance sheets and that the financial statements be reconciled monthly with the State's accounting system. In addition, annual net profits of the prisoner store shall not exceed 8% and must be transferred to the prisoner benefit fund.

RECOMMENDATIONS

We recommend that Mound Correctional Facility maintain documentation to support the accuracy of its prisoner store monthly financial statements.

We also recommend that Mound Correctional Facility ensure that it transfers the correct amount of prisoner store net profits to the prisoner benefit fund.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The three months' financial statements had been revised. Both the original and revised statements were presented to the auditors. The Facility informed us that all monthly profit and loss statements are now reconciled with the State's accounting system to support the accuracy of the statements.

FINDING

16. Prisoner Bonds

Mound Correctional Facility did not maintain a register of savings bonds purchased on behalf of prisoners as required by its operating procedures.

Because a bond register is not maintained for all bonds purchased on the prisoners' behalf, the Facility cannot determine exactly how many bonds it purchased or how many bonds should be in the business office safe at a specified time.

Facility operating procedure 04.02.105 requires that the Facility hold prisoners' bonds in the Facility's safe and that the Facility's business office maintain a bond register to provide control over and safekeeping of the purchased bonds.

RECOMMENDATION

We recommend that Mound Correctional Facility maintain a register of savings bonds purchased on behalf of prisoners as required by its operating procedures.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied by establishing a bond register.

FINDING

17. Prisoner Debt

Mound Correctional Facility had not developed and implemented a system to identify, monitor, and timely dispose of prisoner debt.

An accurate record of prisoner accounts receivable is necessary for the Facility to effectively manage its collection efforts, which include submitting accounts to the Department of Treasury for collection or writing the accounts off as uncollectible. To help ensure that the balances for accounts receivable are accurate, uncollectible accounts should be written off on a timely basis.

Our review disclosed that the Facility did not readily identify prisoner accounts that had negative balances (prisoner debt) or monitor prisoner accounts for timely disposition of prisoner debt. Also, the Facility did not determine prisoner debt balances for prior and current prisoners.

Department policy directive 04.02.105 requires that remaining institutional debt shall be deemed uncollectible and all holders and debts shall be removed upon a prisoner's death or two years after discharge on the maximum sentence, discharge from parole, or escape, unless the prisoner is returned to the Department's custody.

RECOMMENDATION

We recommend that Mound Correctional Facility develop and implement a system to identify, monitor, and timely dispose of prisoner debt.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and will comply by identifying, monitoring, and timely disposing of prisoner debt obligations in accordance with Department policy.

MANAGEMENT CONTROL

COMMENT

Audit Objective: To assess the effectiveness of the Facility's management control in ensuring that payroll transactions were valid and accurate.

Conclusion: We concluded that the Facility's management control over payroll transactions was generally effective. However, we noted a reportable condition related to payroll adjustments (Finding 18).

FINDING

18. Payroll Adjustments

Mound Correctional Facility did not always maintain appropriate documentation in employee files to support gross pay adjustment transactions.

This lack of payroll supporting documentation could affect the Department's and the Facility's ability to detect improper payroll transactions.

The supporting documentation for 13 (72%) of 18 gross pay adjustment transactions was insufficient or missing.

Department of Management and Budget retention and disposal schedules specify that personnel files for active employees be retained permanently. These records are to include gross pay adjustment forms (CS-575), which document the reason and the approval of all payroll adjustments.

RECOMMENDATION

We recommend that Mound Correctional Facility always maintain appropriate documentation in employee files to support gross pay adjustment transactions.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied by implementing a plan of action as a result of an internal audit. All gross pay adjustments calculated are now reviewed, approved, and initialed by the human resources officer prior to entry into the Data Collection and Distribution System (DCDS). A summary of all such changes is forwarded to the regional human resources manager on a biweekly basis.

SUPPLEMENTAL INFORMATION

Description of Survey

We developed a survey requesting input from certain individuals and businesses regarding their association with Mound Correctional Facility.

We mailed surveys to 80 individuals and businesses located in the vicinity of the Facility. Four were returned as undeliverable mail. We received 10 responses from the 76 delivered surveys, a response rate of 13%. The responses indicated that respondents were divided regarding their satisfaction or dissatisfaction with Facility administration. The written comments accompanying the responses indicated concerns about sirens going off periodically.

MOUND CORRECTIONAL FACILITY
Department of Corrections
Summary of Survey Responses

Copies of Survey Delivered	76
Number of Responses	10
Response Rate	13%

1. How would you rate your satisfaction with the frequency of contacts between you or your organization and the Mound Correctional Facility?

Highly Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Highly Dissatisfied	No Opinion	No Answer
1	2	1	1	4	1

2. Have you expressed any concerns to the facility regarding its operations?

Yes 3 No 7

a. If yes, how satisfied were you with how management of the Mound Correctional Facility addressed your individual concerns?

Highly Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Highly Dissatisfied	No Opinion	No Answer
			2	4	4

b. How satisfied were you with the timeliness in which the Mound Correctional Facility addressed your individual concerns?

Highly Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Highly Dissatisfied	No Opinion	No Answer
			2	4	4

3. Do you have any specific safety or security concerns that have not been addressed by Mound Correctional Facility personnel?

Yes 4 No 6

4. How satisfied are you with the Mound Correctional Facility's process to notify the community of any problems or emergency situations related to the facility?

Highly Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Highly Dissatisfied	No Opinion
1	2	1	3	3

5. If you have visited the Mound Correctional Facility, were you satisfied with the security provided to you while at the facility?

Highly Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Highly Dissatisfied	No Opinion	No Answer
3	1			5	1

6. Overall, how satisfied are you with the extent of communication between the Mound Correctional Facility and the community?

Highly Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Highly Dissatisfied	No Opinion	No Answer
2	2		3	2	1

GLOSSARY

Glossary of Acronyms and Terms

cell search	The act of going through a prisoner's cell and belongings looking for contraband.
close security (level IV)	A classification assigned to prisons that house prisoners who have a sentence of more than 60 months, who can generally be managed in the general population of prisons, and who have not shown a tendency to escape from close security.
contraband	Property that is not allowed on facility grounds or in visiting rooms by State law, rule, or Department of Corrections policy. For prisoners, this includes any property that they are not specifically authorized to possess, authorized property in excessive amounts, or authorized property that has been altered without permission.
critical tools	Items designated specifically for use by employees only or use or handling by a prisoner while under direct employee supervision. Critical tools shall be stored only in a secure area and shall be accounted for at all times.
dangerous tools	Items that may be used or handled by prisoners while under indirect employee supervision. Dangerous tools shall be stored only in a secure area and shall be accounted for at all times.
effectiveness	Program success in achieving mission and goals.
efficiency	Achieving the most outputs and outcomes practical with the minimum amount of resources.
emergency response team	A specially trained team at each prison that responds to security needs or emergencies that may arise during the day-to-day operation of the facility. These teams respond to

situations that may threaten the safety of the facility or pose a threat to the community.

gate manifest — A record used to control materials and supplies entering and leaving the facility through the front gates and sallyport.

management control — The plan of organization, methods, and procedures adopted by management to provide reasonable assurance that goals are met; resources are used in compliance with laws and regulations; valid and reliable data is obtained and reported; and resources are safeguarded against waste, loss, and misuse.

medium security (level II) — A classification assigned to prisons that house prisoners who generally have longer sentences than do minimum security prisoners, who need more supervision but who are not likely to escape, or who are not difficult to manage. This classification is low medium and generally covers open barracks-style housing.

mission — The agency's main purpose or the reason that the agency was established.

performance audit — An economy and efficiency audit or a program audit that is designed to provide an independent assessment of the performance of a governmental entity, program, activity, or function to improve public accountability and to facilitate decision making by parties responsible for overseeing or initiating corrective action.

reportable condition — A matter that, in the auditor's judgment, represents either an opportunity for improvement or a significant deficiency in management's ability to operate a program in an effective and efficient manner.

SCBA — self-contained breathing apparatus.

shakedown The act of searching a prisoner, an employee, or a visitor to ensure that he/she does not have any contraband in his/her possession.